Ellective October 1, 2003									1.0	+ 1	1)(50
	• .			S FILED - PART (Column 1)		(Column 2)		SMALL E	ENTITY	OR		R THAN L ENTITY
TOTAL CLAIMS			22					RATE	FEE	7	RATE	
FOR			NUMBER FILED		NUM	BER EXTRA	1	BASIC FE	E 385.00		BASIC FE	
TOTAL CHARGEABLE CLAIMS			22 minus 20=		. 72		1 · 1	X\$ 9=	 			
INDEPENDENT CLAIMS			2 minus 3 =		0				 	OR		36
MULTIPLE DEPENDENT CLAIM PI			<u> </u>					X43=	 	ÓR	X86=	·
<u> </u>					<u>-</u>		1	+145=		OR	+290=	
* 11	the difference	e in column 1 is	ess than zero, enter "0" in gotur			cotumn 2		TOTAL		OR	TOTAL	806
			MENDE	ENDED - PART II				OTHER THAN				
_	I	(Column 1)		(Colum	-	(Golumn 3)	, 1 -	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA	6/28/5	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	. 20	Minus	- 26)	=		X\$ 9=		OR	X\$18≈	
	Independent	. 0	Miņus	3	<u> </u>	=		X43=		OR	X86=	
	F \ _	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		╏┟	. 4 45		1 .		
()(b) 22							L	+145= TOTAL		OR	+290=	
								DOIT. FEE		OR ,	ODIT. FEE	
		(Column 1) CLAIMS	,	(Colum		(Column 3)					_	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	r.,	PTESENT _XTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	000		± ,		X\$ 9=	•	OR	X\$18=	
AM	Independent	*	Minus			±		X43=		OR	X86=	
	ring i Prese	NTATION OF MU	LTIPLE DEP	PENDENT	AIM			+145=	•	OR	+290=	
			·				. AD	TOTAL		OR A	TOTAL	-
		(Column 1)		(Colum	?)	(Cc1umn 3)		DIT. PEE L	•		DDIT, FEEL	·
MEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIC. NUMEL PREVIOU PAID FO	24	ESENT XTRA			ADDI- FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	•	Minus	*	ļ	~		X\$ 9=		OR	X\$18=	
	ndependent		Minus	900			-	X43=		``` -	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C. AIM									OR		
• If the entry in column 1 is less than the entry in column 2, write 1 to column 3.								145= TOTAL		OR L	+290=	
!! !!	** If the "Highest Number Previously Paid For" IN THIS SPACE - than 10 the 120.1.									OR A	TOTAL DIT. FEE	·
TI	ne "Highest Numb	per Previously Paid	For" (Total or	Incupe (L)	ine		found	in the appro	opriate box	in colum	nn 1.	

FORM PTO-875 (Rev. 10/03)

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Application or Docket Number